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Bib Data Sheet

CONFIRMATION NO. 9072

<b>SERIAL NUMBER</b> 10/810,755	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> PRD2052USNP
<b>APPLICANTS</b> Michael J. Renzi, Pipersville, PA; Michael Gold, Newton, PA; Kenneth James Rhodes, Hillsborough, NJ; Navneeth Thirumalai, Kendall Park, NJ; Francis Farrell, Doylestown, PA; Linda Jolliffe, Belle Mead, NJ;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/458,193 03/27/2003 and claims benefit of 60/477,494 06/11/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>none RO</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/07/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC: 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Regen</i> Acknowledged <i>10/26/04</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 58
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 27777				
<b>TITLE</b> Use of erythropoietin in stroke recovery				
<b>FILING FEE RECEIVED</b> 1756	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	